UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ORIGINAL

TEMPORARY FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: March 15, 2009 Estimated average burden hours per form 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

1385926

Name of Offering ([] check if this is an amendm	SEC Mail Presessing					
Socratic Global Energy Fund LP - Offering						
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[x] Rule 506	[]Section 4(6) [FOLOE"	
Type of Filing: [] New Filing	[x] Amendment					
	A. BASIC II	DENTIFICATION	N DATA	 -	MAR 4 1 9009	
1. Enter the information requested about the is	suer		•		vvashington, DC	
Name of Issuer ([] check if this is an amendmen	t and name has chang	ed, and indicate ch	ange.)			
Socratic Global Energy Fund LP	_		.			
Address of Executive Offices (N	umber and Street, City	, State, Zip Code)	Telephone Number	er (Includ)		
c/o Socratic Fund Management LLC, 101			(973) 921-4700			
Hills, New Jersey 07078	• •	,	1			
	umber and Street, City	, State, Zip Code)	Telephone Number	er (Includi		
(if different from Executive Offices) same as ab	ove		same as above	·	NONE THIS BORE HINE OF THE CONTRACTOR	
Brief Description of Business Investments in securities 09035897						
Type of Business Organization						
[] corporation	[x] limited partner	ship, already forme	:d भिकी	en please specify D		
[] business trust		hip, to be formed	ህ 10 🗸 1	www.		
			ear 14	4D O F 0000		
Actual or Estimated Date of Incorporation or Org	anization:	[01])1]	AR 2 7 2009	[x] Actual	
			_		[] Estimated	
Jurisdiction of Incorporation or Organization:	(Enter two-let	ter U.S. Postal Serv	vice abbreviation for	State N REITER	S	
	CN for Canad	a; FN for foreign ju	risdiction)		DE]	
GENERAL INSTRUCTIONS Note: This is	a special Temporary	Form D (17 CFR	239.500T) that is av	ailable to be filed in	istead of Form D (17	
CFR 239.500) only to issuers that file with the Commission a notice on Temporary From D (17 CFR 239.500T) or an amendment to such a notice in						
0 0 1 1 1 00001						

paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

SEC 1972 (9-08)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [x] General and/or Managing Partner	[] Executive Officer	[] Director				
Full Name (Last name first if in							
Full Name (Last name first, if individual) Socratic Fund Management LLC							
	Number and Street, City, State, Zip Code)		· · ·				
	O, Short Hills, New Jersey 07078						
Check Box(es) that Apply:	Promoter [x] Beneficial Owner	[] Executive Officer	[] Director				
Check Box(es) that Appry.	[x] General and/or Managing Member	[] Executive Officer	() Birector				
Full Name (Last name first, if in							
Gibson, Jonathan W	,						
	Number and Street, City, State, Zip Code)		,				
•	ent LLC, 101 JFK Parkway, Suite 310, Short I	Hills, New Jersey 07078					
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director				
	[] General and/or Managing Member						
Full Name (Last name first, if in							
`	<u> </u>		•				
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director				
Check Box(es) that Appry.	[] General and/or Managing Member	[] Executive Officer	[] Director				
Full Name (Last name first, if in							
Rusiness or Residence Address (Number and Street, City, State, Zip Code)						
Business of Residence Address ((Number and Street, City, State, 21p code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	Director				
Check Bon(co) and Approx	[] General and/or Managing Member	() =	[]				
Full Name (Last name first, if in							
Business of Residence Address	(Number and Street, City, State, Zip Code)						
Business of Residence Address ((Number and Sirect, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director				
Chook Ban(as) Limit apply	[] General and/or Managing Partner	[]	<u> </u>				
Full Name (Last name first, if in							
,	,						
Business or Residence Address	(Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director				
	General and/or Managing Partner						
Full Name (Last name first, if in	dividual)						
Pusiness or Pesidence Address	(Number and Street, City, State, Zip Code)						
Business of Residence Address ((Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[Executive Officer	[] Director				
Check Box(es) that Apply.	[] General and/or Managing Partner	[] Excount officer	[] D.: 00:0:				
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
							
	(Use blank sheet, or copy and use additional copie	s of this sheet, as necessary.)					

					B. IN	FORMA'	TION A	BOUT O	FFERIN	G			
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Yes No			
2.	What is the minimum investment that will be accepted from any individual? *May be waived at the sole discretion of the General Partner								\$ <u>1,000,000*</u>				
3.	·								Yes No [x] []				
4.		n for solici oker or de	tation of praler registe	urchasers i red with the	in connect he SEC an	ion with sa d/or with a	iles of secu state or si	ırities in th tates, list tl	ne offering ne name of	If a perso the broke	on to be lis r or dealer	sted is an a . If more t	ssociated person or han five (5) persons to
Full	Name (Last r	name first,	if individu	al)									
Busi	ness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	state, Zip C	Code)		 				
Nan	ne of Associat	ed Broker	or Dealer										
State	es in Which P	erson Liste	ed Has Soli	icited or In	tends to S	olicit Purch	nasers		 			_	
	(Check	"All State	s" or check	r individua	l States)								[] All States
	(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name (Last r	name first,	if individu	al)									
Busi	ness or Resid	lence Addr	ess (Numb	er and Str	eet, City, S	State, Zip C	Code)						
Nan	ne of Associat	ted Broker	or Dealer	,									
State	es in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purcl	hasers		,	<u> </u>			
	(Check	"All State	s" or check	c individua	d States)								[] All States
	[AL] [IL] {MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name (Last r	name first,	if individu	al)						<u> </u>			
Busi	ness or Resid	lence Addr	ess (Numb	er and Str	eet, City, S	State, Zip C	lode)					 ·	
Narr	ne of Associat	ted Broker	or Dealer		<u> </u>							·	
State	es in Which P	erson Liste	ed Has Sol	icited or In	ntends to S	olicit Purcl	hasers						'.\
	(Check	"All State	s" or check	c individua	al States)	.,					••••		[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
				Use blank	sheet, or	copy and u	se addition	nal copies	of this shee	t, as neces	sary.)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total i. amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt Equity _____ [] Common [] Preferred Convertible Securities (including warrants) 500,000,000 43,398,626 Partnership Interests – issued in various classes..... Other (specify) S 500,000,000 43,398,626 Total Answer also in Appendix, Column 3, if filing Under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 52 43,398,626 Accredited Investors Non-accredited Investors 0 0 Total (for filings Under Rule 504 Only)..... N/A N/A Answer also in Appendix, Column 4 if filing under ULOE 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505..... N/A N/A N/A Regulation A..... N/A N/A Rule 504..... N/A N/A Total..... N/A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$
Printing and Engraving Costs	\$
Legal Fees	\$ <u>30,000</u>
Accounting Fees	\$
Engineering Fees	\$
Sales Commissions (Specify finder's fees separately)	\$
Other Expenses (identify): marketing expenses	\$10,000
Total [x]	\$50,000

	b. Enter the difference between the aggregate offering price given – Question I and total expenses furnished in response to Part C – difference is the "adjusted gross proceeds to the issuer."	- Question 4.a. This		\$_499,950,000
5.	Indicate below the amount of the adjusted gross proceeds to proposed to be used for each of the purposes shown. If the amou not known, furnish an estimate and check the box to the left of the of the payments listed must equal the adjusted gross proceeds to t response to Part C – Question 4.b above.	nt for any purpose is estimate. The total		
	Temporale to Fair C Queenen The above		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	[]	\$[]	\$
	Purchase of real estate	[]	\$[]	\$
	Purchase, rental or leasing and installment of machinery and e	quipment []	\$[]	\$
	Construction or leasing of plant buildings and facilities	[]	\$ []	\$
	Acquisition of other businesses (including the value of securi in this offering that may be used in exchange for the assets of of another issuer pursuant to a merger)	securities	\$[]	\$
	Repayment of indebtedness	[]	\$ []	\$
	Working capital	[]	\$ []	s
	Other: Investments in securities	[x]	\$499,950,000[]	s
	Column totals	[x]	\$499,950,000[s
	Total payments listed (column totals added)		[x] \$ <u>499,950</u>	.000
	D. FEDEI	RAL SIGNATURE		
constitut	er has duly caused this notice to be signed by the undersigned duly as es an undertaking by the issuer to furnish to the U.S. Securities and E er to any non-accredited investor pursuant to paragraph (b)(2) of Rule	Exchange Commission,		
Issuer (P	rint or Type)	Signature	<u> </u>	Date
Socrati	ic Global Energy Fund LP	1/2		3-9-05
	Signer (Print or Type)	Title of Signer (Pri	nt or Type)	
	cratic Fund Management LLC, General Partner nathan W. Gibson	nber		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)